



STATE OF MAINE
Bureau of Insurance
Financial Analysis Division

34 State House Station
Augusta, ME
04333-0034
(207) 624-8436

Name Reservation for Insurance Companies

(Please note: this form is not for Insurance Agencies)
(PLEASE TYPE OR PRINT)

Date: _____

Expires one year from date of issue indicated below.

NOTICE:

We will not notify you when your name reservation expires. It is your responsibility to renew your name reservation.

Fee: \$25.00 made payable to: Treasurer, State of Maine

Company reserving name:

Company address:

Contact person: _____

Telephone number: _____

E-mail address: _____

Requested name to be reserved: _____

NAIC # (of company name is being reserved for): _____

Reason for name reservation:

(please check one)

☐

Name change

☐

UCAA Expansion Application

☐

Reservation Renewal

☐

Other: _____

Return form to Tracy Cunningham at the address above.

For overnight delivery send to:

124 Northern Avenue, Gardiner, ME 04345

If you have any questions with this filing please contact Mrs. Cunningham at the address information above.

Note To The Company:

Form will be returned to you with an authorized signature and an issue date upon approval

For Bureau use only

☐ \$25.00 Fee Paid _____

Date Approved/Issue date: _____ Authorized Signature: _____

Revised: September 21, 2001